OIPE	PART B - FEE(S) TRANSMITTAL					
Complete and senge	nis form, together wit	h applicable <u>f</u> c	ec(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSU Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000	•	
INSTRUCTIONS THE for appropriate LAND Their comindicated unless corrected to maintenance fee notification	m should be used for trans respondence including the F selow or directed otherwise	smitting the ISSU latent, advance ord in Block 1, by (a)	E FEE and PUBLIC lers and notification specifying a new c	CATION FEE (if requ of maintenance fees orrespondence address	uired). Blocks I through 5 s will be mailed to the current s; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for a 90 02/03/2005	ny change of address)	Note: A certificate of mailing can only be used for Fee(s) Transmittal. This certificate cannot be used for papers. Each additional paper, such as an assignment have its own certificate of mailing or transmission. Certificate of Mailing or Transm			ent or formal drawing, must
31st FLOOR 50 BROADWAY NEW YORK, NY				I hereby certify that t States Postal Service addressed to the Ma transmitted to the US	Printegre of Maning of Transhits Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
03/2005 TBESHAH2 0000				DEBRA BUON		(Depositor's name)
FC:1501		APRIL 29, 2005		(Signature)		
C:1504 1400.00 OP						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/055,285 01/23/2002		Makoto Warashir		a	S011-4532	7544
TITLE OF INVENTION: BU						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E Pt	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	05/03/2005
EXAM	EXAMINER		т с	LASS-SUBCLASS		
ALIE, GH	ASSEM	3724		030-276000	_	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O			listed, no name will be printed.			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified bel 37 CFR 3.11. Completion o	ow, no assignee d f this form is NOT	ata will appear on t a substitute for filin RESIDENCE: (CIT	•• /	•	locument has been filed fo
Please check the appropriate	assignee category or categor	ies (will not be pri	nted on the patent):	☐ Individual ☑ C	orporation or other private gr	oup entity Government
4a. The following fee(s) are expenses Issue Fee Publication Fee (No sr	nall entity discount permitted	i) .	amount of the fee(s) is enclosed. IN ENCLOSED FEE dit card. Form PTO-2038 is attached.			
Advance Order - # of	Copies UNE (1)		🕰 The Director is I Deposit Account Nu	nereby authorized by a mber 01–0268	tharge-the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).
	ALL ENTITY status. See 3	7 CFR 1.27.			LL ENTITY status. See 37 C	
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	s requested to apply the Issue blication Fee (if required) w rds of the United States Pater	Fee and Publicati ill not be accepted at and Trademark (on Fee (if any) or to from anyone other the Office.	re-apply any previous nan the applicant; a reg	ly paid issue fee to the applications attorney or agent; or the	ation identified above. he assignee or other party ir
Authorized Signature			Date APRIL 29, 2005			
Typed or printed name BRUCE L. ADAMS			Registration No. 25, 386			
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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.